

## DEPARTMENT OF HEALTH SERVICES

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April 9, 1993  
CMSP Letter: 93-6

All CMSP County Welfare Directors

SUBJECT: REPEAL OF CMSP LETTER NUMBER 93-4

This is to inform counties that CMSP Letter Number 93-4 (March 8, 1993) has been repealed. The reason for this action is that CMSP Letter 93-4 (dated March 8, 1993) included an erroneous CMSP Manual Revision which incorrectly deleted still current CMSP Eligibility Manual Sections. Counties should not attempt to file the revision contained in CMSP Letter 93-4. Enclosed, you will find copies of the correct versions of pages 142 through 143.2.

If you have any questions regarding this letter, please contact Mr. Albert Cooper of my staff, at (916) 322-1615.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Martinez', with a red ink mark above it.

Jim Martinez, Chief  
County Medical Services Program

CMSP Contact Persons

Mr. Albert Cooper  
County Medical Services Program  
Department of Health Services  
714 P Street, Room 523  
Sacramento, CA 95814

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## CMSP ELIGIBILITY MANUAL

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### CMSP Card Issuance by the County Department -- No Share of Cost.

The county department may issue current or past month CMSP cards, as limited by Section 0746, to all CMSP eligible residents who meet all of the following conditions:

- 1 Do not have a share of cost.
- 2) Did not receive a CMSP card.

### CMSP Card Issuance by the County Department -- Share of Cost.

(a) The county department shall issue current month CMSP cards to persons with a share of cost met by use of form CMSP 177S if the person who requests the card indicates a need for medical services prior to normal anticipated receipt of a department issued CMSP card. In this case the county department shall process form CMSP 177S in accordance with Section 0658.

(b) The county department may issue current or past month CMSP cards, as limited by Section 0746, to persons with a share of cost if certification by the county department or Data Systems Branch has occurred.

### 0746. Limitation on CMSP Card Issuance.

(a) The county department shall not provide a CMSP card or request that a CMSP card be issued by the Department to any CMSP beneficiary more than one year subsequent to the month of service, unless one of the following conditions is met:

- (1) A court action requires that a CMSP card be issued.
- (2) An adopted administrative hearing decision requires a redetermination of eligibility which results in a beneficiary's entitlement to a CMSP card.
- (3) An adopted hearing decision states that, due to a county department or Department administrative error, a CMSP card for a month was not received by the beneficiary.
- (4) The Department requests that the CMSP card be issued.

(5) The county department has determined that an administrative error has occurred.

0747. Issuance of a Duplicate CMSP Card to Specified Providers.

(a) The county department shall provide a duplicate CMSP card for the appropriate month(s) of service/eligibility (to a maximum of twelve (12) months retroactive) to requesting hospitals (as defined in Section 51207, Title 22, CAC) and Primary Care Clinics (PCC) (as defined in Section 1204, Health and Safety Code) which have rendered care to a CMSP beneficiary if the following conditions are met:

(1) The hospital or PCC unsuccessfully attempted to obtain Proof of Eligibility (POE) from the beneficiary at the time services were provided; and

(2) The hospital or PCC made a subsequent attempt to obtain POE (copy of the CMSP card) from the beneficiary.

(b) A hospital under this directive refers to a general acute care hospital, as defined in Section 70003, Title 22, CAC. No other providers are entitled to request or receive CSMP POE cards. For example, a physician who works for a hospital, but bills separately for his/her services may not request or receive a duplicate CMSP card.

(c) The hospital and PCC providers are required to include the following information in their request to the county: recipient name, recipient ID number, social security number, sex, date of birth, address, month(s) of service for which POE is needed and the total amount of the claim being submitted for payment.

(d) Each listing or group of listings of beneficiaries from a hospital or PCC shall be submitted with a cover letter on hospital or PCC letterhead, signed by an official authorized to act on behalf of the hospital or PCC, and shall include a certification by the hospital or PCC that POE was not received at the time services were rendered, nor on one subsequent attempt to acquire POE.

(e) The billing agent for a hospital may submit requests for duplicate CMSP cards provided that:

(1) Each request is accompanied by a letter on hospital or PCC letterhead, signed by an official authorized to act on behalf of the

hospital or PCC, and the hospital or PCC official certifies that the billing agent is empowered to act on behalf of the hospital or PCC; and

(2) The request contains a certification that POE was not received at the time services were rendered, nor on one subsequent attempt to acquire POE.

(f) Upon issuance of a duplicate CMSP card, the hospital's or PCC's request shall be filed in the beneficiary's case file.

(g) If the beneficiary was not eligible in your county on the identified date(s) of service, the provider's request may be denied by the county and returned to the hospital or PCC.

(h) The county should process provider requests chronologically, working the oldest first, and shall limit retroactive card issuance to twelve (12) months.

(i) If a CMSP card is requested for a beneficiary whose eligibility was established subsequent to the date of service, a separate note should be sent to the provider, indicating that the case involves retroactively determined eligibility and identifying the date eligibility was established. This notation will assist the provider in the processing of Treatment Authorization Requests (TARs) when needed.

(j) If the date of service is ten (10) to twelve (12) months retroactive from the date the county is processing the request for a replacement card, the following procedures apply:

(1) Issue the hospital or PCC provider a duplicate CMSP card for each month of service in which the beneficiary was eligible.

(2) Issue a letter to the provider for each month of service to authorize a billing which may occur sixty (60) days beyond the one-year limitation period.

(k) Note that duplicate CMSP cards can be requested through Medi-Cal Eligibility Data System (MEDS) only if the date of service is within the MEDS Eligibility History file.

#### 0748. VERIFICATION TO PROVIDERS OF CMSP ELIGIBILITY

(a) Counties are required to provide verification of CMSP eligibility to approved providers as follows:

(1) Counties are to verify CMSP eligibility and provide limited beneficiary eligibility information to all providers of CMSP services upon request.

(2) Only county welfare departments and their out-stationed staff may have access to Medi-Cal Eligibility Data System (MEDS) terminals for inquiry and update of eligibility information.

(3) Counties shall not provide MEDS printouts to any provider, nor proof of eligibility (POE) to any provider except as allowed in Section 0749 of this manual.

(4) When a provider requests beneficiary information, the county shall obtain the provider's name, telephone number, and sufficient information to positively identify the beneficiary.

(5) If the provider is unable to furnish the beneficiary's birth date or Social Security Number, but is able to provide sufficient information to identify the beneficiary (i.e., beneficiary's name and home address), the county may release the following beneficiary information:

(A) County ID number (14 digits)

(B) Date of birth.

(C) Eligibility status for requested month(s) (e.g. eligible, ineligible, share-of-cost amount, long-term care status).

(D) Other health coverage

(E) Restricted status (if applicable).

(b) The county is not to release information concerning an ineligible individual other than the fact that he/she is not eligible for CMSP for a specific month.

0749. Control of County Issued CMSP Cards.

(a) The county department shall record every CMSP card issued or voided by the county department on the control log for MC 301, form HAS 2007.

(b) The county department may, with department approval, use a substitute for form HAS 2007.